## PATENT APPLICATION FEE DETERMINATION RECORD / \*\* Effective October 1, 2000

Application or Design Number 097/9367/7-0

| (Column 1) (Column 2)  |  |  |                                     |                                   |                     |                  | SMALL ENTITY       |                   |                             |                                       | OTHER                                 | MANSO                                 |
|--|--|--|-------------------------------------|-----------------------------------|---------------------|------------------|--------------------|-------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| T  | OTAL CLAIMS                                    | er de la companya de | Colum                               | 1 1)                              | (COIL               | imn 2)           |                    | YPE [             |                             | OR<br>■                               | SMAL                                  | ENTITY                                |
|  | ADX  |  | 11111050                            |                                   |                     |                  | -                  | RATE"             | FEE                         |                                       | RATE                                  | FEE                                   |
| 6302   | DR M   | General Company  | NUMBER                              | FILED                             | NUME                | BER EXTRA        | ľ                  | BASIC FEI         |                             | OR                                    | BASIC FEE                             | dy00!}                                |
| TOTAL CHARGEABLE CLAIMS  |  |  | /// minus 20= *                     |                                   | • /02               | /02              |                    | X\$ 9=            |                             | OR                                    | X\$18 <b>=</b>                        | 1836                                  |
| INDEPENDENT CLAIMS   |  |  | ( <i>O</i> minus 3 =                |                                   | 7                   |                  |                    | X40=              |                             | OR                                    | X80=                                  | 560                                   |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |                                     |                                   |                     |                  |                    | +135=             |                             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 070                                   | West State                            |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |                                     |                                   |                     |                  | Ŀ                  |                   | 1.00                        | OR                                    | +270=                                 |                                       |
| CLAIMS AS AMENDED - PART II  |  |  |                                     |                                   |                     |                  | ٠.                 | TOTAL             |                             | OR                                    | TOTAL                                 | 2496                                  |
|  | (Column 1) (Column 2) (Column 3)               |  |                                     |                                   |                     |                  |                    | SMALL             | ENTITY                      | OR                                    | OTHER<br>SMALL                        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                     | HIGH<br>NUM                       | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | Г                  |                   | ADDI-                       | 1                                     |                                       | ADDI-                                 |
|  |  |  |                                     | PREVIO                            |                     |                  | RATE               | TIONAL<br>FEE     | √ 1<br>1943<br>1443<br>1443 | RATE                                  | TIONAL<br>FEE                         |                                       |
| MENDMENT A   | Total  |  | Minus                               | **                                |                     | =                |                    | X\$ 9=            |                             | OR                                    | X\$18=                                |                                       |
| ME   | Independent                                    |  | Minus                               | ***                               |                     | =                | -                  | X40=              |                             | 7.5                                   | X80=                                  |                                       |
|  | Market Street Street Color Color               | NTATION OF M   | ULTIPLE DEI                         | PENDENT                           | CLAIM               |                  | -                  |                   |                             | OR                                    | , , , , , , , , , , , , , , , , , , , | <b>*</b>                              |
|  |  |  |                                     |                                   |                     |                  |                    | +135=             |                             | OR'                                   | +270 <b>=</b> ∵                       |                                       |
|  |  |  |                                     |                                   |                     | ΑC               | TOTAL<br>DDIT. FEE |                   | OR                          | TOTAL<br>ADDIT. FEE                   |                                       |                                       |
| _  |  | (Column 1)   | कुर्मात्मा क्षेत्र संस्थातिक स्थापन | (Colun                            |                     | (Column 3)       |                    |                   | ••                          |                                       |                                       |                                       |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                     | NUME<br>PREVIO<br>PAID I          | BER<br>OUSLY        | PRESENT<br>EXTRA |                    | RATE              | ADDI-<br>TIONAL<br>FEE      |                                       | RATE                                  | ADDI-<br>TIONAL<br>FEE                |
|  | Total  | *  | Minus                               | **                                |                     | =                |                    | X\$ 9=            |                             | OR                                    | X\$18=                                |                                       |
| SWE.   | Independent                                    | •  | Minus                               | ***                               |                     | =                | -                  | X40=              |                             |                                       | X80=                                  | •                                     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                     |                                   | CLAIM               |                  | -                  |                   |                             | OR                                    | 7002                                  |                                       |
|  |  |  |                                     |                                   |                     |                  | Ŀ                  | +135=             |                             | OR                                    | +270=                                 |                                       |
|  | : .  |  |                                     |                                   | •                   |                  | AD                 | TOTAL<br>DIT. FEE |                             | OR                                    | TOTAL<br>ADDIT. FEE                   |                                       |
| ·  | · · · · · · · · · · · · · · · · · · ·          | (Column 1)<br>CLAIMS   | 1, 82 11, 12 11 7 11, 17 12         | (Colum                            |                     | (Column 3)       |                    |                   |                             |                                       |                                       |                                       |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | JER<br>USLY         | PRESENT<br>EXTRA |                    | RATE              | ADDI-<br>TIONAL<br>FEE      |                                       | RATE                                  | ADDI-<br>TIONAL<br>FEE                |
|  | Total  | *  | Minus                               | **                                |                     | =                |                    | X\$ 9=            |                             | OR                                    | X\$18=                                |                                       |
|  | Independent                                    | *  | Minus                               | ***                               |                     | =                | <u> </u>           | X40=              |                             | t                                     | X80=                                  |                                       |
|  | FIRST PRESE                                    | NTATION OF MU  | JLTIPLE DEP                         | PENDENT                           | CLAIM               |                  |                    | A4:0=             |                             | OR                                    | ∧ou=<br>                              |                                       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |  |                                     |                                   |                     |                  |                    |                   | OR                          | +270=                                 |                                       |                                       |
| ••   | f the "Highest Nur                             | mber Previously Pa   | id For' IN THIS                     | SPACE is                          | less than           | 20. enter "20."  | ADI                | TOTAL<br>DIT. FEE |                             | OR A                                  | TOTAL<br>ADDIT. FEE                   |                                       |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                                     |                                   |                     |                  |                    |                   |                             |                                       |                                       |                                       |